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Image# 201512189004295224

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An A	Authorized Commit	tee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typ	ing, type	12FE4M5		
COMMITTEE (in full)		over the lines.	l.	12114113		
American Academy of	Family Physicians	Political Action (Committee			
ADDRESS (number and street)	1133 Connecticut Avenu	ue, NW				
Check if different	Suite 1100					
than previously reported. (ACC)	Washington			DC	20036	
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦	5	STATE A	ZIP COI	DE 🛦
C C00411553	3	IS THIS REPORT	NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) ×	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (0	(c) 12-Day	Primary (12	P)	General ((12G)	Runoff (12R)
July 15 Quarterly Report (0	Q2) PRE-Election Report for the		(12C)	Special (12S)	
October 15 Quarterly Report (0	Q3)		/ D D /	Y . Y . Y . Y	in the	
January 31 Year-End Report (YE)EI	ection on			State of	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the	,	0G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ection on		Y = Y = Y = Y	in the State of	f
5. Covering Period 1		15 through	M - M	/ 30 /	2015	
I certify that I have examined the	nis Report and to the bes	st of my knowledge and	belief it is tru	e, correct and	l complete.	
Type or Print Name of Treasure	er Hugh M Taylor MD					
Signature of Treasurer Hug.	h M Taylor MD	[Electronica	<i>lly Filed]</i> D	ate 12	/ 18 /	2015
NOTE: Submission of false, error	neous, or incomplete inform	nation may subject the pe	rson signing th	is Report to th	ne penalties of 2 U	J.S.C. §437g.
Office Use					FEC FOR	
Only					Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 11 01 2015 To: 11 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		439447.27
	(b) Cash on Hand at Beginning of Reporting Period	415296.33	
	(c) Total Receipts (from Line 19)	38627.43	426632.36
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	453923.76	866079.63
7.	Total Disbursements (from Line 31)	56218.63	468374.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	397705.13	397705.13
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	COLUMN B				
<u> </u>	Total This Period	Calendar Year-to-Date			
. Contributions (other than loans) From:					
(a) Individuals/Persons Other Than Political Committees					
	24250.79	283705.65			
(i) Itemized (use Schedule A)					
(ii) Unitemized	14132.00	135495.44			
(iii) TOTAL (add					
Lines 11(a)(i) and (ii)▶	38382.79	419201.09			
(b) Political Party Committees	0.00	0.00			
(b) Political Party Committees	3.00				
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines	7				
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)	38382.79	419201.09			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
-					
B. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	244.64	7431.27			
6. Refunds of Contributions Made	,	,			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts		0.00			
(Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds					
(a) Non-Federal Account (from Schedule H3)	0.00	0.00			
(110111 Octiedule 110)	0.00	0.00			
(h) Lavin Funda (frans Caladala LIF)	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
(b) Total Transfers (add To(a) and To(b))	7	0.00			
o. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	38627.43	426632.36			
). Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	38627.43	426632.36			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period				
Operating Expenditures: —— (a) Allocated Federal/Non-Federal	10441 11110 1 01104	Calendar Year-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) N 5 1 10	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	1168.63	8039.50			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))▶	1168.63	8039.50			
Transfers to Affiliated/Other Party					
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	55000.00	458700.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	7	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	50.00	1635.00			
4) 5 100 15 15 16	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(and the stay)					
(d) Total Contribution Refunds	50.00				
(add Lines 28(a), (b), and (c))▶	50.00	1635.00			
Other Disbursements	0.00	0.00			
Other Dispursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	7				
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	222				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56218.63	468374.50			
20, 21, 20, 20, 27, 20(4), 20 4114 00(0))	30210.03	4003/4.50			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	56218.63	468374.50			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	38382.79	419201.09		
4. Total Contribution Refunds (from Line 28(d))	50.00	1635.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38332.79	417566.09		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1168.63	8039.50		
7. Offsets to Operating Expenditures (from Line 15, page 3)	244.64	7431.27		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	923.99	608.23		

Use separate schedule(s) for each category of the

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(0	che	ck only	or	ne)						
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) marie F agleham MD Date of Receipt Mailing Address 3553 Whipple Rd 2015 City State Zip Code Transaction ID : C3191377 CA Union City 94587-1507 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Kaiser Permanente physician Receipt For: Aggregate Year-to-Date ▼ Primary General 730.00 Other (specify) Full Name (Last, First, Middle Initial) B. marie F agleham MD Date of Receipt Mailing Address 3553 Whipple Rd 11 18 2015 City State Zip Code Transaction ID: C3194647 CA Union City 94587-1507 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Kaiser Permanente physician Receipt For: Aggregate Year-to-Date ▼ Primary General 730.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Alberda MD Date of Receipt Mailing Address 1425 Gorham St 2015 11 24 City Zip Code State Transaction ID: C3199084 TX Austin 78758-3760 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Physician Seton Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	BI	
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Janet R Albers MD		Date of Receipt
Mailing Address 612 Woodbridge Rd		1,1 27 2015
City	State Zip Code	Transaction ID : C3200700
Springfield	IL 62711-5666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
SIU SOM	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charles E Baker MD	•	Date of Receipt
Mailing Address 699 Arlan Franklin Road		11 24 2015
City	State Zip Code	Transaction ID : C3199062
Crossnore	NC 28616-0130	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		365.00
Name of Employer	Occupation	1
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	465.00	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address 32 Mark Cir		11 06 2015
City	State Zip Code	Transaction ID : C3189354
Holden	MA 01520-1410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.00
Name of Employer	Occupation	-
UMMHC	Family Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	473.00	
		458.00
SUBTOTAL of Receipts This Page (optional) >	456.00
TOTAL This Period (last page this line numl	per only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) David Orrin Barbe MD		Date of Receipt
Mailing Address 120 W 16th St		11 16 2015
City	State Zip Code	Transaction ID : C3196439
Mountain Grove	MO 65711-1039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1365.00	
Full Name (Last, First, Middle Initial) Cedric T Barnes DO	•	Date of Receipt
Mailing Address PO Box 337		11 30 2015
City	State Zip Code	Transaction ID : C3200793
Milford	DE 19963-0337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	328.50	
Full Name (Last, First, Middle Initial) Herve Herve Bezard Bezard	I .	Date of Receipt
Mailing Address 895 Adams Blvd		Date of Receipt
City	State Zip Code	11 16 2015
Boulder City	NV 89005-2235	Transaction ID : C3193602
	2330 2230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	766.50

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Catherine A Bishop MD Mailing Address 26 Applewood Dr		Date of Receipt
		11 18 2015
City	State Zip Code	Transaction ID : C3194666
Chillicothe	OH 45601-1903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD	1	Date of Receipt
Mailing Address 4407 Leedy Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	11 14 2015
Kingsport	TN 37664-2117	Transaction ID : C3192942 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation]
ETSU	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1100.00	
Full Name (Last, First, Middle Initial) Mott Parks Blair MD	<u>'</u>	Date of Receipt
Mailing Address 411 E Westbrook St		11 22 2015
City Wallace	State Zip Code NC 28466-1514	Transaction ID : C3197324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.00
Name of Employer	Occupation	-
Vidant Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	875.00	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 51

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TEMIZED DECEIDES	Use separate schedule(s)	(c	hec	ck only	one)						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Comm	itte	ee								

/			
	ll Name (Last, First, Middle Initial) Carla L Booker MD		Date of Receipt
Ma	ailing Address 3945 Cranbrook Ct NW		11 05 / Y = Y = Y = Y
Ci		State Zip Code	Transaction ID : C3186893
Li	lburn	GA 30047-2696	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	45.63
Na	ime of Employer	Occupation	
G۱	vinette Hospital System	Family Physician	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	319.41	
	II Name (Last, First, Middle Initial) indsay Kathryn Botsford MD		Date of Receipt
Ma	ailing Address 2506 Hazard St		11 07 2015
Ci	y	State Zip Code	Transaction ID : C3189423
<u>H</u>	ouston	TX 77019-6756	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С	31.00
	ime of Employer	Occupation	
Me	emorial Hermann Hospital System	Family Physician	
Re	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	310.00	
Fu C. J	Il Name (Last, First, Middle Initial) une G Bredin MD		Date of Receipt
_	ailing Address 4924 153rd PI SW		11 24 2015
Ci	iy	State Zip Code	Transaction ID : C3199043
E	dmonds	WA 98026-4435	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	400.00
Na	ime of Employer	Occupation	
Sa	ate of Washington DSHS	Family Physician	
	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
SUE	TOTAL of Receipts This Page (optional)	<u> </u>	476.63
	AL This Period (last page this line number	<u>_</u>	

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	ng the name and address of any political committee	
American Academy of Fam	ily Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD		Date of Receipt
Mailing Address 1561 Route 38 Ste 6		1,1 06 7 9 20,15
City	State Zip Code	Transaction ID : C3188697
Lumberton	NJ 08048-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Virtua Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogato roal to Date ▼	
Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial) . Elijah Grady Cline MD		Date of Receipt
Mailing Address PO BOX 1441		1,1 23 2015
City	State Zip Code	Transaction ID : C3199803
La Follette	TN 37766-1441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Frank A Crociata DO		Date of Receipt
Mailing Address 51 Kinsey Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	11 04 2015
New Hartford	CT 06057-3327	Transaction ID : C3185327 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Litchfield hills family medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	625.00
TOTAL This Period (last page this line nu	mher only)	

Use separate schedule(s) for each category of the

					PAGE	 12	OF	51
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X	11a		11b		11c	12		
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jose M David MD Date of Receipt Mailing Address 804 Huntington Ct 2015 22 City Zip Code State Transaction ID: C3197325 NY Albany 12203-6015 Amount of Each Receipt this Period FEC ID number of contributing 833.00 federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas M Dean MD Date of Receipt Mailing Address PO Box 335 409 W. 10th Street 11 04 2015 City State Zip Code Transaction ID: C3185332 SD Wessington Springs 57382-0335 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Horizon Health Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 865.00 Other (specify) Full Name (Last, First, Middle Initial) c. Atul Devani Date of Receipt Mailing Address 1107 E 66Th St 09 2015 11 City State Zip Code Transaction ID: C3190077 GA Savannah 31404-5701 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Family Physician self employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1563.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family Pl	hysicians Political Action Committe	9 e
Full Name (Last, First, Middle Initial) A. Barbara J Doty MD		Date of Receipt
Mailing Address 2250 S Woodworth Loop		M = M / D = D / Y = Y = Y
Ste 100	State 7th Cold-	11 23 2015
City Palmer	State Zip Code AK 99645-7457	Transaction ID : C3199804
	99040-1401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Providence Matanuska Health care	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	515.00	
Full Name (Last, First, Middle Initial) 3. James A Ellzy MD		Date of Receipt
Mailing Address 1351 Bryant St NE		M = M / D = D / Y = Y = Y
Apt 4	State 7'- 0 '	11 19 2015
City Washington	State Zip Code DC 20018-1156	Transaction ID : C3195405
Washington	DC 20018-1156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	34.10
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	375.10	
Full Name (Last, First, Middle Initial) C. Gerard Faugno MD		Date of Receipt
Mailing Address 160 Ridge Rd		11 04 2015
City	State Zip Code	Transaction ID : C3185342
Lyndhurst	NJ 07071-1253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
\$ (eboon) \ \	555.00	
SUBTOTAL of Receipts This Page (optional)		549.10
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family P	hysicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Troy Treanor Fiesinger MD Mailing Address 14023 Southwest Fwy		Date of Receipt
City	State Zip Code	11 12 2015
City Sugar Land	State Zip Code TX 77478-3550	Transaction ID : C3190765
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD Mailing Address 510 Aqua Ct		Date of Receipt
<u> </u>		11 09 2015
City	State Zip Code PA 17403-3623	Transaction ID : C3189488
York FEC ID number of contributing federal political committee.	PA 17403-3623	Amount of Each Receipt this Period 350.00
Name of Employer Strategic Health Institute	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) . Walter F Fletcher MD		Date of Receipt
Mailing Address PO BOX 486		11 04 2015
City Martin	State Zip Code TN 38237-0486	Transaction ID : C3185360
FEC ID number of contributing federal political committee.	TN 38237-0486	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1400.00

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Stephanie J Foley Date of Receipt Mailing Address 5518 Butterfly Ln Apt 307 2100 Erwin Road 2015 City Zip Code State Transaction ID: C3197326 NC Durham 27707-9078 Amount of Each Receipt this Period FEC ID number of contributing 30.42 federal political committee. Name of Employer Occupation Blue Ridge Family Physicians Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 334.62 Other (specify) Full Name (Last, First, Middle Initial) B. Roger Neal Fowler MD Date of Receipt Mailing Address 4418 Cascades Blvd 11 23 2015 City State Zip Code Transaction ID: C3199916 TX Tyler 75709-5385 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Trinity Clinic Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Theresa C Garcia MD Date of Receipt Mailing Address 914 SW Shorthorn Dr 11 24 2015 City Zip Code State Transaction ID: C3199103 MO Grain Valley 64029-9487 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 495.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David J Gavareski MD Mailing Address 1505 Lakeway PI City Bellingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98229-5133 C Occupation Physician Aggregate Year-to-Date 625.00	Date of Receipt 11 04 2015 Transaction ID : C3185349 Amount of Each Receipt this Period 625.00
Full Name (Last, First, Middle Initial) Andrea M Gavin MD Mailing Address 2600 Kiley Way City Plymouth FEC ID number of contributing federal political committee. Name of Employer Aurora Health Care Receipt For: Primary General Other (specify)	State Zip Code WI 53073-5020 C Occupation Family Physician Aggregate Year-to-Date ▼ 865.00	Date of Receipt 11 23 2015 Transaction ID : C3199918 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Cathy Waterman Grace MD Mailing Address 1051 Boylan Rd City Bozeman FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code MT 59715-1503 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 11 02 2015 Transaction ID: C3201407 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	<u>_</u>	1225.00

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NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Connie H Hahn DO		Date of Receipt
Mailing Address 605 Hyalite View Dr		11 17 2015
City	State Zip Code	Transaction ID : C3193608
Bozeman	MT 59718-7377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.14
Name of Employer	Occupation	1
Bozeman Deaconess Family Medicine and	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	312.86	
Full Name (Last, First, Middle Initial) 3. Jeffrey Allen Harwood MD		Date of Receipt
Mailing Address 182 W Main St		M = M / D = D / Y = Y = Y
City	Stata 7in Codo	11 04 2015
City New London	State Zip Code OH 44851-1044	Transaction ID : C3185370
New London	OH 44851-1044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		11 23 2015
City	State Zip Code	Transaction ID : C3197366
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	1
Sioux Valley Health Systems	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		567.14
TOTAL This Period (last page this line number	· only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John Byron Hoehn MD Date of Receipt Mailing Address 1111 S 2nd Ave 2015 24 City Zip Code State Transaction ID: C3199071 WA Walla Walla 99362-4118 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wayne K Hoffman MD Date of Receipt Mailing Address 408 Rock Springs Rd Ne 11 02 2015 City State Zip Code Transaction ID: C3189717 GA Atlanta 30324-5102 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 930.00 Other (specify) Full Name (Last, First, Middle Initial) James S Irwin MD Date of Receipt Mailing Address 112 5Th Ave W 11 23 2015 Family Care Physicians, P.A City Zip Code State Transaction ID: C3199799 ID Jerome 83338-1825 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Family Physician St. Lukes-Jerome Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 965.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
American Academy of Famil	ly Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Marc D Irwin MD		Date of Receipt
Mailing Address 19420 Mockingbird Rd		11 18 2015
City	State Zip Code	Transaction ID : C3194640
Canyon	TX 79015-5848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	†
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggiogato Total to Date ₹	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Joseph M Jeu MD		Date of Receipt
Mailing Address 3958 Leap Rd Ste 101		11 18 _2015 _
City	State Zip Code	Transaction ID : C3194646
Hilliard	OH 43026-3107	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Hilliard Family Medicine, Inc.	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Gregory King MD		Date of Receipt
Mailing Address 1120 Vail Rd		11 07 2015
City	State Zip Code	Transaction ID : C3189424
Bennington	VT 05201-9597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	_
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	405.00	
Other (specify) ▼	495.00	
SUBTOTAL of Receipts This Page (options	al)	680.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Mary V Krueger MD Date of Receipt Mailing Address 4739 16th St N 2015 24 City Zip Code State Transaction ID: C3199102 VA 22205-2622 Arlington Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert M Kuhnhenn DO Date of Receipt Mailing Address 4366 Bradley Rd 11 24 2015 City State Zip Code Transaction ID: C3199079 Westlake OH 44145-5016 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Edward Lacey MD Date of Receipt Mailing Address 101 Oak Leaf Dr 02 2015 11 City Zip Code State Transaction ID: C3189707 MD Chestertown 21620-1180 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **CCHS** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 799.00 Other (specify) 830.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Skowhegan FEC ID number of contributing federal political committee. Name of Employer Self Employed Property For:	State Zip Code ME 04976-1471 Cupation nysician ggregate Year-to-Date ▼ 365.00	Date of Receipt 11 04 2015 Transaction ID: C3185346 Amount of Each Receipt this Period 365.00
		Date of Receipt
Aaron Aaron Lanik Mailing Address 120 N 16th St		11 07 _ 2015 _
Geneva	State Zip Code NE 68361-2213	11 07 2015 Transaction ID : C3189445 Amount of Each Receipt this Period 365.00
Fillmore County Medical Center Fa	ccupation mily Physician ggregate Year-to-Date ▼ 365.00	
Portland FFO ID and the set of a set it at its a	State Zip Code OR 97214-1459	Date of Receipt 11 05 2015 Transaction ID : C3203892 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Fa	ccupation amily Physician ggregate Year-to-Date ▼ 500.00	50.00
SUBTOTAL of Receipts This Page (optional)	>	780.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Catherine Livingston MD Date of Receipt Mailing Address 2422 SE 35th PI 2015 City Zip Code State Transaction ID: C3194668 OR Portland 97214-5812 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **ORSU** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Alfred Luking MD Date of Receipt Mailing Address 195 Birdhaven Trl 11 04 2015 City State Zip Code Transaction ID: C3185355 NC Reidsville 27320-8070 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Reidsville Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher M Mahr MD Date of Receipt Mailing Address 3085 Firestone Ct 11 10 2015 City Zip Code State Transaction ID: C3190050 SC Sumter 29150-7075 Amount of Each Receipt this Period FEC ID number of contributing 40.50 С federal political committee. Name of Employer Occupation Family Physician Colonial Family Practice Receipt For: Aggregate Year-to-Date ▼ Primary General 499.50 Other (specify) 390.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify)	State Zip Code WA 98391-5634 C Occupation Family Physician Aggregate Year-to-Date 550.00	Date of Receipt 11 26 2015 Transaction ID : C3200691 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Larry Thomas McClure MD Mailing Address 908 Wallace Ave Ste 103 City Leitchfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 42754-1479 C Occupation Family Physician Aggregate Year-to-Date ▼ 370.00	Date of Receipt 11 18 2015 Transaction ID : C3194662 Amount of Each Receipt this Period 370.00
Full Name (Last, First, Middle Initial) Jorge A Meaux MD Mailing Address 73 Calle Santa Cruz City Bayamon FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code PR 00961-6938 C Occupation Family Physician Aggregate Year-to-Date ▼ 243.40	Date of Receipt 11 05 2015 Transaction ID : C3186894 Amount of Each Receipt this Period 121.70
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	<u>_</u>	541.70

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Douglas Terry Mehaffie MD Date of Receipt Mailing Address 1519 Calhoun St 2015 24 City Zip Code State Transaction ID: C3199076 **New Orleans** LA 70118-6137 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 11 04 2015 City State Zip Code Transaction ID: C3185347 ΑL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) c. John S Meigs MD Date of Receipt Mailing Address PO Box 289 11 18 2015 100 Serendipity Dr City State Zip Code Transaction ID: C3194649 AL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) 465.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 2015 24 City Zip Code State Transaction ID: C3199036 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katherine Merrill MD Date of Receipt Mailing Address 35798 Dow Ln 11 18 2015 City State Zip Code Transaction ID: C3194650 OR Astoria 97103-8110 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. F Bradford Bradford Meyers MD Date of Receipt Mailing Address PO Box 414 11 19 2015 City Zip Code State Transaction ID: C3195406 WI Jefferson 53549-0414 Amount of Each Receipt this Period FEC ID number of contributing 33.75 С federal political committee. Name of Employer Occupation Family Physician Dean Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 399.50 Other (specify) 2058.75 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family I	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. F Bradford Bradford Meyers MD		Date of Receipt
Mailing Address PO Box 414		11 30 _ 2015 _
City	State Zip Code	Transaction ID : C3200794
Jefferson	WI 53549-0414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	
Dean Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	399.50	
Full Name (Last, First, Middle Initial) 3. Jeremy Phillip Mitchell		Date of Receipt
Mailing Address 103 Anderson PI		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	11 09 2015 Transaction ID : C3190084
Polson	MT 59860-2180	Transaction ID : C3190084 Amount of Each Receipt this Period
FEC ID number of contributing	55555 2155	5. 2401 11000pt tills 1 61100
federal political committee.	C	100.00
Name of Employer	Occupation	
Providence St Joseph	Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	405.00	
Other (specify) ▼	465.00	
Full Name (Last, First, Middle Initial) C. Anne M Montgomery MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		11 28 2015
City	State Zip Code	Transaction ID : C3200724
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Eisenhower Medical Associates	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		381.00
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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Dale C Moquist MD		Date of Receipt
Mailing Address PO Box 4624		11 09 2015
City	State Zip Code	Transaction ID : C3203893
Horseshoe Bay	TX 78657-4624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.66
Name of Employer	Occupation	1
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1008.26	
Full Name (Last, First, Middle Initial) Shani Ife Muhammad	'	Date of Receipt
Mailing Address 1229 E Perrin Ave Apt 104	1	11 05 2015
City	State Zip Code	Transaction ID : C3186895
Fresno	CA 93720-5053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer	Occupation	-
Kings Winery Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Carl M Myers MD		Date of Receipt
Mailing Address 7501 NW Eastside Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	11 16 2015 Transaction ID : C3196475
Kansas City	MO 64152-1798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Meritas Inc	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	187.29
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TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Nafisa U Neighbors MD Mailing Address 2089 Cecil Ashburn Dr SE Ste 101 City Huntsville FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code AL 35802-2568 C Occupation Family Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 04 2015 Transaction ID : C3185351 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Mary S Nguyen MD Mailing Address 5727 Welsch Vw City San Antonio FEC ID number of contributing federal political committee. Name of Employer Medina Valley Family Practice Receipt For: Primary General Other (specify)	State Zip Code TX 78249-3149 C Occupation Physician Aggregate Year-to-Date ▼ 385.00	Date of Receipt 11 02 2015 Transaction ID: C3183538 Amount of Each Receipt this Period 35.00
Full Name (Last, First, Middle Initial) Dennis Earl Novak MD Mailing Address 1001 Lacey Rd City Forked River FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NJ 08731-0780 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 11 04 2015 Transaction ID: C3185368 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1335.00

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Carl Raymond Olden MD		Date of Receipt
Mailing Address 311 S 72nd Ave		11 07 2015
City	State Zip Code	Transaction ID : C3189425
Yakima	WA 98908-1661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Yakima Valley Memorial Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Cheri L Olson MD		Date of Receipt
Mailing Address 815 10th St S		11 04 _ 2015 _
City	State Zip Code	Transaction ID : C3185334
La Crosse	WI 54601-4764	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
Name of Employer	Occupation]
Mayo Clinic Health System	Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) . Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		11 28 _ 2015 _
City	State Zip Code	Transaction ID : C3200725
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer	Occupation	-
Vitas Innovative Hospice	Family Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional)		575.00
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NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) William R Phillips MD Mailing Address PO BOX 356390		Date of Receipt
City	State Zip Code	11 04 2015 Transaction ID : C3185345
Seattle	WA 98195-6390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
University of Washington	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Bryan Anthony Picou MD		Date of Receipt
Mailing Address 1029 Keyser Ave Ste G		M = M / D = D / Y = Y = Y
# A	State Zip Code	11 02 2015 Transaction ID : C2180708
Natchitoches	LA 71457-6215	Transaction ID : C3189708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer	Occupation	-
Natchitoches Medical Clinic	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) Suja Perakathu Pilli MD		Date of Receipt
Mailing Address 597 W Sesame Dr Ste B		11 18 2015
City Harlingen	State Zip Code TX 78550-8366	Transaction ID : C3194655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	†
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1090.00
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FOR LINE NUMBER: PAGE 31 OF 51 Use separate schedule(s) for each category of the Detailed Summary Page

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	orts and Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
,	mily Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Linda W Prine MD		Date of Receipt
···		Date of Receipt
Mailing Address 175 W 92nd St		M M / D D / Y Y Y Y Y
Apt 4B City	State Zip Code	11 28 2015 Transaction ID : C3200749
New York	NY 10025-7522	Amount of Each Receipt this Period
		Amount of Lacif Necelpt this Fellou
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Institute for Family Health	Director of Women's Health	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	, 1991 09 at 10 Bato 4	
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		1,1 10 2015
City	State Zip Code	Transaction ID : C3190051
Bakersfield	CA 93301-2742	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		36.50
Name of Employer	Occupation	1
SCPMG	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	328.50	
Full Name (Last, First, Middle Initial) Lee P Ralph MD	·	Date of Receipt
Mailing Address 6699 Alvarado Rd S	te 2100	Man / Dan / Yayayay
0099 Aivalauo Ru S	2100	11 05 2015
City	State Zip Code	Transaction ID : C3186896
San Diego	CA 92120-5238	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		50.00
Name of Employer	Occupation	1
SD Sports Medicine and Family Healt	h Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (op	otional)	586.50
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Full Name (Last, First, Middle Initial) Srikar T Reddy MD Mailing Address 205 W Grand River Ave City Brighton FEC ID number of contributing federal political committee.	State Zip Code MI 48116-1659	Date of Receipt 11 06 2015 Transaction ID : C3188698 Amount of Each Receipt this Period
City Brighton FEC ID number of contributing	MI 48116-1659	11 06 2015 Transaction ID : C3188698
Brighton FEC ID number of contributing	MI 48116-1659	
FEC ID number of contributing		_ Amount of Each Receipt this Period
	C	
		45.63
Name of Employer	Occupation	
4-Serv Family Medicine PC	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	319.41	
Full Name (Last, First, Middle Initial) Paul J Reiss MD	'	Date of Receipt
Mailing Address 28 Park Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	11 24 2015
Williston	VT 05495-9701	Transaction ID : C3199047 Amount of Each Receipt this Period
FEC ID number of contributing	35.65 6.6.	, and an early receipt this I end
federal political committee.	C	370.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address PO Box 10		11 25 2015
City	State Zip Code	Transaction ID : C3199975
Bladenboro	NC 28320-0010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		465.63

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NAME OF COMMITTEE (In Full)		
$\Big angle$ American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		11 09 2015
City	State Zip Code	Transaction ID : C3189489
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	35 5	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Georgia White Roth MD		Date of Receipt
Mailing Address 1801 Foothills Dr		11 24 2015
City	State Zip Code	Transaction ID : C3199037
Kerrville	TX 78028-3870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Retired	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		11 19 _ 2015 _
City	State Zip Code	Transaction ID : C3195407
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, agrogate real to bate v	
Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	ne name and address of any political committee of Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Sarah L Sams MD Mailing Address 2994 Frazell Rd City Hilliard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 43026-9785 C Occupation Family Physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 11 11 2015 Transaction ID: C3190269 Amount of Each Receipt this Period 120.00
Full Name (Last, First, Middle Initial) Dean A Schultz MD Mailing Address 1850 Hickory St City Abilene FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code TX 79601-2325 C Occupation Family Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 11 16 2015 Transaction ID: C3196482 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Windel A Stracener MD Mailing Address 1333 Hunters Pointe Dr City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) General	State Zip Code IN 47374-7184 C Occupation Family Physician Aggregate Year-to-Date ▼ 2360.00	Date of Receipt 11 11 2015 Transaction ID: C3190270 Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe	·	620.00

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	ig the name and address of any political committee	
,	ly Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Glen R Stream MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		11 21 2015
City	State Zip Code	Transaction ID : C3197303
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Eisenhower Medical Associates	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial) Raja Talati Md Talati MD		Date of Receipt
Mailing Address 805 SW Classico Ct		11 10 2015
City	State Zip Code	Transaction ID : C3190052
Port Saint Lucie	FL 34986-2338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	32.50
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 173 E Cotton Hill Rd		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : C3183443
New Hartford	CT 06057-3524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	31.00
Name of Employer	Occupation	
Charlotte Hungerford Hospital	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	391.00	
SUBTOTAL of Receipts This Page (ontion:	al) >	313.50
TOTAL This Period (last page this line nur	mber only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Michael P Temporal MD Mailing Address 717 Beartooth Cir		Date of Receipt
City	State Zip Code	11 06 2015
Laurel	MT 59044-9665	Transaction ID : C3188699 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	45.63
Name of Employer	Occupation	
Billings Clinic	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO Box 960		M = M / D = D / Y = Y = Y
City	State Zip Code	11 02 2015 Transaction ID : C3183539
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Medina Valley Family Practice	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)		
. William H Vetter MD Mailing Address 1102 E Locust St		Date of Receipt 11 08 2015
City Emmett	State Zip Code ID 83617-2713	Transaction ID : C3189467 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	
Walter Knox Memorial Hospital	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	298.00	
		I .
SUBTOTAL of Receipts This Page (optional).		126.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	to solicit contributions from such committee.
•	ily Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Bruce Alan Wallstedt MD		Date of Receipt
Mailing Address 6323 Canterbury Close		11 10 2015
City	State Zip Code	Transaction ID : C3190053
Brentwood	TN 37027-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 199. 094.0 104.0 7	
Other (specify) ▼	328.50	
Full Name (Last, First, Middle Initial) . Kevin S Wang MD		Date of Receipt
Mailing Address 1823 Terry Ave		M = M / D = D / Y = Y = Y
Apt 1609		11 24 2015
City	State Zip Code	Transaction ID: C3199085
Seattle	WA 98101-2406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Swedish Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Thomas J Weida MD		Date of Receipt
Mailing Address 845 Fishburn Rd		11 12 2015
City	State Zip Code	Transaction ID : C3190848
Hershey	PA 17033-2015	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	46.00
Name of Employer	Occupation	-
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	322.00	
SUBTOTAL of Receipts This Page (option	al)	182.50
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General

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Dean Angela Weldon MD Date of Receipt Mailing Address 288 SW Judson Dr 24 2015 11 City Zip Code State Transaction ID: C3199039 WA Oak Harbor 98277-5800 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation

Family Physician

Aggregate Year-to-Date ▼

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Other (specify) ▼	730.00	
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		11 08 2015
City	State Zip Code	Transaction ID : C3189468
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southern Health	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial)		

c. Chad L White MD Date of Receipt Mailing Address PO Box 487 2015 11 16 City Zip Code State Transaction ID: C3196493 Hamlin TX 79520-0487 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 515.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		7		7	98	0.00	
TOTAL This Period (last page this line number only)		7	_	7	_	_	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)		
angle American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Jason Wilbur MD		Date of Receipt
Mailing Address 200 Hawkins Dr		11 24 2015
City	State Zip Code	Transaction ID : C3199055
Iowa City	IA 52242-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. John Williams MD		Date of Receipt
Mailing Address 104 Rufus Ln		11 12 2015
City	State Zip Code	Transaction ID: C3190849
Polson	MT 59860-8903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	
Full Name (Last, First, Middle Initial) C. Steven M Yoder MD		Date of Receipt
Mailing Address 635 W 25Th Ave		11 24 _ 2015 _
City	State Zip Code	Transaction ID : C3199045
Eugene	OR 97405-2458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	<u> </u>	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		646.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
/	y Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Joseph W Zebley MD Mailing Address 3810 Juniper Rd		Date of Receipt
City Baltimore	State Zip Code MD 21218-1827	11 16 2015 Transaction ID : C3196495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Greenspring Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial) 3		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Lacif necelpt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
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SUBTOTAL of Receipts This Page (optional	l)	50.00
TOTAL This Period (last page this line num	ber only)	24250.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 51 (check only one)
	ly information copied from such Reports and State for commercial purposes, other than using the		ay not be sold or used by any po	
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy City	State	Zip Code	11 09 2015 Transaction ID : C3190041
	FEC ID number of contributing federal political committee.	C	66211-2672	Amount of Each Receipt this Period 244.64
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 7431.27	
В.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing		Zip Code	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer Receipt For:	Occupation		
	Primary General Other (specify) ▼		Year-to-Date ▼	
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TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			FOF	R LI	NE N	NUMBER	:			PAG	E 42	OF	51
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (checo												
		Summary Page			21b 27	22		23 28b	Ш	24 28c	25 29		26
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NAME OF COMMITTEE (In Full)													
American Academy of Family Phys	icians F	Political Acti	on Co	mn	nitte	ee							
Full Name (Last, First, Middle Initial)													
A. American Express			Date of Disbursement									Y	
Mailing Address PO Box 53852						11		0	- 1	L	2015	_	
,	State	Zip Code				Trans	oosti	on ID	. D1	69284			
	AZ	85072-3852				IIaii	sacu	טוו ווט	. ن	03204			
Purpose of Disbursement Bank card processing fee					11	Amour	nt of	Each	Dist	oursem	ent this	Per	iod
Candidate Name			Categ Typ									3.96	3
Office Sought: House Disbursem	nent For:		1 9 P					7					
Senate	Primary	General											
	Other (spe	cify) ▼											
State: District:													
Full Name (Last, First, Middle Initial)						D.1.	(D:-						
B. American Express						Date o							
Mailing Address PO Box 53852						11		1	0	/	2015	Y	
	State	Zip Code				Tran	sacti	on ID	: D1	169285			
Phoenix Purpose of Disbursement	AZ	85072-3852											
Bank card processing fee				Π	Ш	Amour	nt of	Each	Dist	oursem	ent this	Per	iod
Candidate Name			Categ Typ									1.48	3
Office Sought: House Disbursem	nent For:		тур	<i>.</i>				,		7			
	Primary	General											
President	Other (spec	cify) 🔻											
State: District:													
Full Name (Last, First, Middle Initial)													
C. American Express						Date o	of Dis	burse	men				
Mailing Address PO Box 53852						11	/	1.	_	/ Y	2015	Y	
City	State	Zip Code											_
	AZ	85072-3852				Tran	sacti	on ID	: D1	69286			
Purpose of Disbursement				-	_								
Bank card processing fee						Amour	nt of	Each	Disk	oursem	ent this	Per	iod
Candidate Name			Categ Typ									8.13	3
Office Sought: House Disbursem	nent For:		7,1		\dashv			1		- 1		-	
Senate	Primary	General											
President	Other (spec	cify) ▼											
State: District:													
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A. Democratic Senatorial Campaign (Mailing Address 120 Maryland Ave NE	Committee		Date of Disbursemen	2015
Washington	State Zip Code DC 20002-5610		Transaction ID : D1	69291
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State: District:	Headquarters			
Full Name (Last, First, Middle Initial) B. HUSKY PAC			Date of Disbursemen	t
Mailing Address 228 2nd St SE			11 17	2015
City Washington Purpose of Disbursement	State Zip Code DC 20003-1943		Transaction ID : D1	69294
Campaign contribution			Amount of Each Disb	oursement this Period
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Full Name (Last, First, Middle Initial) C. National Republican Congressiona	I Committee		Date of Disbursemen	
Mailing Address 320 1st St SE			11 17	2015
City S Washington	State Zip Code DC 20003-1838		Transaction ID : D1	69292
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 48 OF 51
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Cit.	Otata Zin O. I		
City LOS ANGELES	State Zip Code CA 90048		Transaction ID : D169298
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B. BERA FOR CONGRESS			Date of Disbursement
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Mailing Address POST OFFICE BOX 582496			11 17 2015
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ELK GROVE	CA 95758		Hallsaction ID . D103233
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Rep. Ami Bera		Category/ Type	5000.00
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Senate	Primary General		
State: CA District: 07	Other (specify) ▼		
State: CA District: 07 Full Name (Last, First, Middle Initial)			
C. FLEMING FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address PO Box 1236			11 17 2015
City	State Zip Code		
Minden	LA 71058-1236		Transaction ID : D169300
Purpose of Disbursement			
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Rep. John Fleming		Category/	2500.00
	ment For: 2016	Туре	
Senate Seager	Primary Seneral		
President	Other (specify) ▼		
State: LA District: 04			
			40000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	10000.00
TOTAL This Pariod (last page this line number and	<u> </u>		
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	11	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physics American Physics A	iciano Political Activ	on Committ	00
American Academy of Family Phys	icialis Political Activ	on Commit	ee
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. MARK TAKANO FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 5214			11 17 2015
,	tate Zip Code		Transaction ID : D169297
Riverside Purpose of Disbursement	CA 92517-5214		1141134041011110 : 0100201
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Mark Takano		Type	2500.00
	ent For: 2016 Primary General		
	Other (specify)		
State: CA District: 41			
Full Name (Last, First, Middle Initial)			
B. NANCY PELOSI FOR CONGRESS	3		Date of Disbursement
Mailing Address 607 14th Street, NW			11 17 2015
•	tate Zip Code DC 20005		Transaction ID : D169301
Purpose of Disbursement Campaign contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Nancy Pelosi	. =	Type	2500.00
	ent For: 2016 Primary General		
	Other (specify)		
State: CA District: 08	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			B
C. FRIENDS OF SCHUMER			Date of Disbursement
Mailing Address 509 MADISON AVE SUITE 1902			11 17 2015
,	tate Zip Code NY 10022		Transaction ID : D169296
Purpose of Disbursement	10022		
Campaign contribution		1 : : 11	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Charles E. Schumer Office Sought: House Disbursem	ent For: 2016	Туре	200.00
Senate I	Primary General Other (specify)		
State: NY District: 00			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 50 OF 51
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	INOMBER.
TEMPLE DISSOCIOLINEITIC	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Dotailed Guillinary Lage	27	28a 28b 28c 29 30
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. SHORE PAC			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address PO Box 3157			11 17 2015
City	State Zip Code		
Long Branch	NJ 07740-3157		Transaction ID : D169295
Purpose of Disbursement	017 10 0101		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Frank Pallone		Type	2500.00
Office Sought: House Disburser			
Senate President	Primary General Other (specify) ▼		
State: NJ District: 06	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. TRUST PAC TEAM REPUBLICANS FOR U	JTILIZING SENSIBLE TA	ACTICS	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 228 S. Washington Street			11 17 2015
Suite 115			
City S Alexandria	State Zip Code VA 22314		Transaction ID : D169293
Purpose of Disbursement	22314		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Fred Upton		Type	2500.00
Office Sought: House Disburser			
Senate President	Primary General		
State: MI District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
-			
City	State Zip Code		
Purpose of Disbursement			
·			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disburser			
Senate	Primary General		
State: District:	Other (specify) ▼		
otato. District.			
SUBTOTAL of Disbursements This Page (optional)			5000.00
CODIOTAL OF DISDUISEMENTS THIS Page (OPTIONAL)			
TOTAL This Period (last page this line number only)			55000.00

SCHEDULE B (FEC Form 3X)		T FOR LINE	NUMBER: PAGE 51 OF 51
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NONDELL.
I LIVIIZED DISDUNSLIVIENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	Detailed Suffilliary Page	27	X 28a 28b 28c 29 30
any information copied from such Reports and Statem			
r for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
angle American Academy of Family Phys	icians Political Actio	on Commit	tee
Full Name (Last, First, Middle Initial)			
· Dr. Laura Leeson Novak MD			Date of Disbursement
Dr. Laura Leeson Novak MD			M M / D D / Y Y Y Y
Mailing Address 2384 Balmoral Dr			11 04 2015
00	7. 0.1		
•	State Zip Code OH 44333-2973		Transaction ID : D169088
Purpose of Disbursement	44333-2973		
Refund of contribution made on 10/21/15			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	50.00
Office Sought: House Disbursen			
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
· · · · · · · · · · · · · · · · · · ·			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
0::			
City	state Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursen			
	Primary General Other (specify) ▼		
State: District:	Caller (opcolity)		
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Oily C	ruto Zip Oude		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		
	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)			50.00
TOTAL This Period (last page this line number only).			50.00